



IDENTIFICATION FILE REQUEST
FOR
NEVADA RECORDS OF CRIMINAL HISTORY

I hereby authorize the Nevada Criminal History Repository to disclose criminal history information, if any, within my identification file to me or the person or entity listed below:

Today's Date: _____

Subject of Record Below write the full name of the subject who the criminal history check is about

First Name: _____

Middle Name: _____

Last Name: _____

Mailing Address: _____
Address

City State Zip Code

Signature of Subject Date of Birth

Respond To (agency): _____

Name: _____

Mailing Address: _____
Address

City State Zip Code

The use of this form is intended to safeguard the rights of the signatory and ensure the confidentiality of the requested information against non-authorized disclosure. The fingerprint card accompanying this request will be used to verify identity. A \$21.00 certified check or money order made payable to the Department of Public Safety must accompany each request.